



## UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO. 4863

<b>SERIAL NUMBER</b> 09/932,371	<b>FILING DATE</b> 08/17/2001 <b>RULE</b>	<b>CLASS</b> 706	<b>GROUP ART UNIT</b> 2122	<b>ATTORNEY DOCKET NO.</b> 11323.0007
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**APPLICANTS**  
Thomas Mazzone, Cowlesville, NY;

**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLN CLAIMS BENEFIT OF 60/279,870 03/29/2001 *AM.B.*  
AND CLAIMS BENEFIT OF 60/226,401 08/18/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *AM.B.*  
*NONE*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY \*\***  
**\*\* 09/20/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>2/4/04</i> <i>AM.B.</i> <i>AM.B.</i>	Examiner's Signature	Initials		

**ADDRESS**  
R. Kent Roberts  
Hodgson Russ LLP  
Suite 2000  
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Buffalo, NY 14203-2391

**TITLE**  
Medical information system, method and article of manufacture

<b>FILING FEE RECEIVED</b> 763	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

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